

<i>SERFF Tracking Number:</i>	<i>CLTR-125320833</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026402</i>
<i>Company Tracking Number:</i>	<i>TIM2007 AR</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0009 Travel Coverage</i>
<i>Product Name:</i>	<i>ARCH INBOUND-OUTBOUND TRAVEL</i>		
<i>Project Name/Number:</i>	<i>ARCH INBOUND-OUTBOUND TRAVEL/TIM2007 AR</i>		

Filing at a Glance

Company: Arch Insurance Company

Product Name: ARCH INBOUND-OUTBOUND TRAVEL SERFF Tr Num: CLTR-125320833 State: Arkansas

TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: AR-PC-07-026402
Sub-TOI: 09.0009 Travel Coverage	Co Tr Num: TIM2007 AR	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Stephanie Young, Linda Ryan-James	Disposition Date: 10/15/2007
	Date Submitted: 10/11/2007	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 10/15/2007
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 10/15/2007

General Information

Project Name: ARCH INBOUND-OUTBOUND TRAVEL
 Project Number: TIM2007 AR
 Reference Organization:
 Reference Title:
 Filing Status Changed: 10/15/2007
 State Status Changed: 10/12/2007
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile: Pending
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 Reference Number:
 Advisory Org. Circular:

 Deemer Date:

Travel Program forms were filed for Arch Insurance Company on June 7, 2007 and approved on July 10, 2007. The file number of the original filing is AR-PC-07-024994.

Subsequent to filing this program in Arkansas, Arch revised the form number on the Description of Coverage for countrywide consistency. The old form number was 00 TIM0003 05 07 00. The new form number is TIM2007.

There are no changes made to this form other than form number. To assure the new number is on file, we have attached a copy to this filing.

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Company and Contact

Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

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Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri
 379 Princeton-Hightstown Road Group Code: 1127 Company Type:
 Suite 15
 Cranbury, NJ 08512 Group Name: State ID Number:
 (609) 443-7540 ext. [Phone] FEIN Number: 43-0990710

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: ARKANSAS FEE FOR A FORM FILING
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	10/11/2007	16070306

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/15/2007	10/15/2007

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Disposition

Disposition Date: 10/15/2007

Effective Date (New): 10/15/2007

Effective Date (Renewal): 10/15/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AUTHORITY TO FILE	Approved	Yes
Form	description of coverage	Approved	Yes

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Filing Company: Arch Insurance Company State Tracking Number: AR-PC-07-026402

Company Tracking Number: TIM2007 AR

TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage

Product Name: ARCH INBOUND-OUTBOUND TRAVEL

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	description of coverage	TIM 2007		Certificate	New		0.00	Final DOC for filingTIM2007.pdf

[PROGRAM NAME]

Underwritten by Arch Insurance Company

DESCRIPTION OF COVERAGE

SHORT TERM TRAVEL INSURANCE [INCLUDING TRIP CANCELLATION AND INTERRUPTION, TRIP DELAY, BAGGAGE, BAGGAGE DELAY, EMERGENCY EVACUATION, REPATRIATION OF REMAINS, ACCIDENTAL DEATH AND DISMEMBERMENT AND ACCIDENT AND SICKNESS MEDICAL BENEFITS]

THIS PROGRAM IS ISSUED FOR A STATED TERM AS SHOWN IN YOUR SCHEDULE OF COVERAGE AND SERVICE

[Schedule of Coverage and Service

This Description of Coverage describes all of the travel insurance benefits, underwritten by Arch Insurance Company and herein referred to as the Company. The insurance benefits vary from program to program. Please refer to the [accompanying Schedule of Coverage and Service][Schedule of Coverage and Service as listed above]. It provides You with specific information about the program You purchased.]

FOURTEEN-DAY LOOK

You may cancel insurance under the Policy by giving the Company or the agent written notice within the first to occur of the following: (a) 14 days from the Effective Date of Your insurance; or (b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided no Insured has filed a claim under the policy.

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SECTION I - DEFINITIONS

["Accident" or "Accidental" shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.]

["Airworthiness Certificate" as used in this Hazard shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the government authority having jurisdiction over civil aviation in the country of its registry.]

["Amateur or Interscholastic Athletics" shall mean a sponsored and/or organized league.]

["Assistance Company" means the service provider with which the Company has contracted to coordinate and deliver Emergency travel assistance, medical evacuation, and repatriation.]

["Bankruptcy" means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 U.S.C. Subsection 101 et seq.]

["Benefit Period" means the allowable time period the Insured Person has from the date of Injury or onset of Illness to receive Treatment for a covered Injury or Illness. [If the Insured Person's plan terminates during the Benefit Period, the Insured Person will still be eligible to receive Treatment so long as the Treatment is within the Benefit Period and outside the Insured Person's Home Country [except as provided under the optional Home Country Coverage.]]

["Business Partner" means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day to day management of the business.]

["Child" shall mean the Insured Person's step-child or a Child under the Insured Person's legal guardianship, but

only if such Child depends on the Insured Person's support and maintenance and lives with the Insured Person in a parent-Child relationship. The term Child does not include a foster Child who is eligible for benefits provided by a governmental program or law, unless required by the law of the State.]

["City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.]

["Coinsurance" shall mean the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in Your Schedule of Coverage and Service, under each stated benefit.]

["Common Carrier" shall mean any [land.] [sea,] [and/or] [air] conveyance operating under a valid license for the transportation of passenger for hire.]

["Co-Payment" means a specified charge that the Insured Person is required to pay when a medical service is rendered.]

["Cosmetic Surgery" means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.]

["Covered Expenses" shall mean [expenses which are for Medically Necessary services, supplies, care, or Treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under the policy; and which do not exceed the maximum limits shown in Your Schedule of Coverage and Service, under each stated benefit.]

["Covered Trip" means any class of scheduled trips, tours or cruises shown in the enrollment form for which the [Participating Organization][Insured Person] requests coverage and remits the required premium.]

["Deductible" shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in Your Schedule of Coverage and Service, under each stated benefit.]

["**Dentist**" shall mean a legally licensed doctor of dental Surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.]

["**Dependent**" shall mean the spouse who is legally married to the Insured Person; the Insured Person's unmarried Child from [birth, 14 days old, 30 days old] until his/her [18th, 19th] birthday; or the Insured Person's unmarried Child who is over 18 years old but not older than [21, 22, 23, 24, 25] years old and is enrolled as a full-time student at an accredited school or college and is not employed on a full-time basis and is dependent on the Insured Person for his/her support and maintenance. The age limits that apply to Dependent Child(ren) will not apply to any insured Child of the Insured Person who remains dependent on the Insured Person for support and maintenance because he or she becomes incapable of working due to a physical handicap or retardation which occurs: before reaching the age limit; and while insured under the policy or any prior plan, provided such Child was insured on the date of termination of the prior plan.]

["**Default**" means a material failure or inability to provide contracted services due to financial insolvency.]

["**Disablement**" as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical Treatment by a Physician as defined in the policy.]

["**Effective Date**" shall mean the date the Insured Person's coverage under the policy begins. The Effective Date is the later of the following:

1. The Date the Company receives a completed enrollment form and premium for the Individual Coverage Term] [or]
2. The Effective Date requested on the enrollment form] [or]
3. The moment the Insured Person [departs] [arrives] [exits their Home Country airspace]] [or]
4. The Date the Company approves the enrollment form]]

["**Elective Surgery**" means Surgery or medical Treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured's effective date of

coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment Surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary Treatment of covered acute purulent sinusitis. Elective Surgery does not apply to Cosmetic Surgery required to correct a covered Accident.]

["**Emergency**" shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.]

["**Experimental/Investigational**" means all services or supplies associated with: 1) Treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the Treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available: or if less effective than other available Treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.]

["**Family Member**" shall mean a spouse, parent, sibling or Child of the Insured Person.]

["**Home Country**" shall mean the country where an Insured Person [has his or her true, fixed and permanent home and principal establishment] [holds a current and valid passport].]

["**Hospital**" as used in the policy [shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and Treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.][means a place that 1.) is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance 2.) provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Hospital does not mean:

- a convalescent, nursing, or rest home or facility, or a home for the aged;
- a place mainly providing custodial, educational, or rehabilitative care; or
- a facility mainly used for the Treatment of drug addicts or alcoholics.].

["**Host at Destination**" means a person with whom the Insured Person is sharing pre-arranged overnight accommodations at the host's usual principal place of residence.]

["**Host Country**" shall mean any country other than the country where an Insured Person [has his or her true, fixed and permanent home and principal establishment] [holds a current and valid passport].]

["**Illness**" wherever used in the policy shall mean Sickness or disease of any kind [contracted and commencing after the Effective Date of the insurance]] and Disablement covered by the policy.]

["**Incident**" or "**Occurrence**" shall mean all Illnesses that exist simultaneously and which are due to the same or related causes are considered to be one Incident.

Further, if an Illness is due to causes which are the same as or related to the causes of a prior Illness, the Illness will be deemed to be a continuation of the prior Illness and not a separate Incident. All Injuries due to the same Accident shall be deemed to be one Incident.]

["Individual Coverage Term" means the period of time beginning when the Insured Person has been enrolled for coverage under the Policy and for whom the required premium has been paid and ending on the termination date as described in the Schedule of Coverage and Service.]

["Injury" wherever used in the policy [shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while the policy is in force and resulting directly and independently of all other causes in Disablement covered by the policy.] [means accidental bodily injury or injuries caused by an accident. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes. Any loss due to Injury must begin after the Effective Date of the policy.]

["Inpatient" shall mean an Insured Person who is confined in an institution and is charged for room and board.]

["Insured Person(s)"] shall mean a person who has applied for coverage and is named on the enrollment form and for whom the company has accepted premium. This may be the Insured Person or Dependent(s) as shown in the Schedule of Coverage and Service. Insured Persons are also referred to as You and Your.]

["Intensive Care Unit" shall mean a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.]

["Land/Sea Arrangements" means [land and or sea arrangements made by the Participating Organization][Travel Supplier] [any activities undertaken by the Insured Person while in the Individual Coverage Term.]

["Loss" in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia, shall mean the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and above the

wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight and with regard to thumb and index finger, actual severance through or above the joint that meets the finger at the palm. Loss in reference to other coverages shall mean injury or damage sustained by the Insured in consequence of happening of one or more of the accidents against which the Company has undertaken to indemnify the Insured]

["Maximum Benefit" means the largest total amount of Covered Expenses that the Company will pay for the Insured [as found on the ID card].]

["Medically Necessary" or "Medical Necessity" shall mean services and supplies received [by the Insured Person] [while insured] that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not provided [solely for educational purposes] [or] primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge [of] a Covered Expense under the policy.]

["Medicine" or "Medications" shall mean the drugs prescribed or dispensed to the Insured Person, by a licensed Physician, as a result of a Covered Expense. Medicine or Medication shall mean the generic equivalent of a drug, or if the generic equivalent is not available, the brand name drug.]

["Mental and Nervous Disorder" shall mean any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which exhibits clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning. This disease must not be merely an expectable response to a particular stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.]

["Natural Disaster" means [flood,] [fire,] [hurricane,] [tornado,] [earthquake,] [volcanic eruption,] [blizzard] [or] [avalanche] that is due to natural causes.]

["Outpatient" shall mean an Insured Person who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.]

["Participating Organization" means a travel agency, tour operator, cruise line, airline or other organization who applies for coverage under the policy and remits the required premium to the Company.]

["Participating Provider Network" shall mean the Hospitals, Physicians, or other Service Providers who have entered into a contractual agreement with the Company to provide Hospital and medical services to Insured Persons at negotiated fee.]

["Permanent Residence" shall mean the country where an Insured Person [has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning] [holds a current and valid passport].]

["Physician" as used in the policy shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.]

["Policyholder" means the Policyholder shown on Schedule of Coverage and Service.]

["**Pre-Certification**" and "**Pre-Certify**" shall mean the Company, following advance notification for all Hospital admissions worldwide, or for any Outpatient Surgery or Covered Expenses [which will exceed [\$250, \$500, \$1,000, \$2,500, \$5,000]] [in the United States] [worldwide], will provide the Insured Person with the names and addresses of United States Hospitals that are members of the Participating Provider Network, to which the Insured Person may have access, and confirm that such confinement is Medically Necessary.]

["**Pre-existing Condition**" for the purposes of the policy shall mean [1) a condition that would have caused a person to seek medical advice, diagnosis, care or Treatment [during the] [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under the policy]; [2) a condition for which medical advice, diagnosis, care or Treatment was recommended or received during the [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under the policy]; [Note: The policy does pay benefits to a maximum of [\$1,000] for loss due to a pre-existing Sickness.] [For Insured Persons traveling outside [the United States and Canada], the period is [12] [months] instead of [36] [months]].

["**Prior Plan**" shall mean the coverage provided on a group or individual basis by an insurance policy benefit plan or service plan that was terminated on the day before Your Effective Date of coverage under that policy and replaced by this policy.]

["**Reasonable and Customary**" shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.]

["**Registered Nurse**" shall mean a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other jurisdictional authority, and who is legally entitled to place the letters "R.N." after his or her name.]

["**Relative**" shall mean spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.]

["**Scheduled Departure Date**" means [the date on which the Insured Person is originally scheduled to leave on the Trip.][the first day of any Covered Trip taken during the Individual Coverage Term].

["**Scheduled Return Date**" means the date on which the Insured Person is originally scheduled to return to the point of origin or to a different final destination.]

["**Service Provider**" shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential Treatment facility, psychiatric Treatment facility, alcohol or drug dependency Treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.]

["**Sickness**" means illness or disease contracted and causing loss commencing while coverage under the Policy is in force as to the Insured Person whose

Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.]

["**Strike**" means [any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier] [a stoppage of work (a) announced, organized and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strikes are work slowdowns and sickouts. Coverage is only valid if an Insured Person's trip cancellation coverage is effective prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike.]]

["**Surgery**" shall mean an invasive diagnostic procedure; or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.]

["**Terrorism**" is defined as the systematic or planned use of violence, fear, or threat of violence in order to intimidate a population or government, especially as a means of coercion or to obtain a granting of any demand. Terrorism does not include an event in any country or location where the United States government has issued a travel advisory that has been in effect within the [6 months] prior to the Insured Person's date of arrival. Terrorism does not include an event that occurs after a travel advisory has been issued after the Insured Person's arrival date, and where the Insured Person unreasonably fails or refuses to depart the location.]

["**Terrorist Attack**" means an incident deemed an act of terrorism by the United States Government.]

["**Traveling Companion**" means [person(s) named and traveling under the same reservation as the Insured] [person(s) booked to accompany the Insured on the Insured Person's Trip] [person(s) sharing travel arrangements with the Insured Person] [(to a maximum or four (4) persons including the Insured Person)][a person or persons with whom the Insured Person has coordinated travel arrangements and intends to travel with during the Trip. Note, a group or tour leader is not considered a Traveling Companion unless the Insured

Person is sharing room accommodations with the group or tour leader.]]

["**Travel Supplier**" means tour operator, cruise line, hotel etc. who has made the land and/or sea arrangements.]

["**Treatment**" means a specific in-office or Hospital physical examination of, care rendered to, the Insured Person."]

["**Trip**" means [prepaid Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within [one day] of the Land/Sea Arrangements] [any trip taken during the Individual Coverage Term] [travel arrangements charged to the eligible credit card][prepaid course arrangements][the date of travel shown on the Insured Person's membership confirmation letter for which the Insured purchased this plan][Travel must be more than [100 miles] from the Insured Person's [legal] [primary] residence][Maximum Trip duration is [6 months]][Coverage is available for persons under age (70)].[Trip means a period of round-trip travel to a destination that is at least [100 miles] from the Insured Person's primary place of residence.]

["**Unexpected**" means not anticipated or expected and occurring after the effective date of the Policy.]

SECTION II – BENEFIT PROVISIONS

SCOPE OF COVERAGE

Benefits are payable for the items stated in Your Schedule of Coverage and Service. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred [100 to 500 miles from the Insured Person's Permanent Residence] [Worldwide] [outside the Insured Person's Home Country] [except for Home Country coverage as stated in Your Schedule of Coverage and Service, Home Country Coverage]. [Coverage is available] [24 hours per day] [for business and/or leisure] [while traveling for business purposes] [while traveling for leisure purposes] [while traveling to, from and while at the Insured Person's destination]. [For all Hospital admissions worldwide, or for any Outpatient Surgery or Covered Expenses [which will exceed [\$250, \$500, \$1,000, \$2,500, \$5,000]] [in the United States] [worldwide], the Insured Person must

utilize the Company's Pre-Certification Program. [Failure to utilize the Pre-Certification Program will result in a [25%, 50%, 75%, 100%] reduction of Covered Expenses.]]

[The Insured Person must remain continuously insured under the Policy for the duration of the Treatment.]

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

[ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Section I, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy;

The Company shall pay an indemnity determined from Your Schedule of Coverage and Service Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

- 1) such Loss occurs within [60, 90, 180, 365] days after the date of Accident causing such Loss; and
- 2) the indemnity payable for any such Loss shall be the Principal Sum stated in Your Schedule of Coverage and Service, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
- 3) if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Exposure: If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of the policy.

Disappearance: If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

Beneficiary Designation and Change: The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.]

[ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Section I, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which is sustained during such trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

- 1) any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of

competency of a rating authorizing him to pilot such aircraft, or

- 2) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country; provided that this Insurance shall not apply while such Insured Person is riding in any civilian or military aircraft other than as expressly described above, unless previously consented to in writing by the Company.

The Company shall pay an indemnity determined from Your Schedule of Coverage and Service Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

- 1) such Loss occurs within [60, 90, 180, 365] days after the date of Accident causing such Loss; and
- 2) the indemnity payable for any such Loss shall be the Principal Sum stated in Your Schedule of Coverage and Service, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
- 3) if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Exposure: If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of the policy.

Disappearance: If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.]

[ACCIDENT MEDICAL EXPENSES

The Company will pay Covered Expenses due to Accident only, as per the limits stated in Your Schedule of Coverage and Service, Accident Medical. Coverage is limited to Covered Expenses incurred subject to Section III, Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement; all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

[Treatment of an Injury must occur within [30, 60, 90, 180, or 365] days of the Accident.]

[Medical expenses incurred for Treatment of injuries sustained as a result of a covered motor vehicle accident are payable up to [\$10,000]].

[Medical expenses incurred for Treatment of sports related accidents are payable up to [\$5,000]].

When a covered Injury is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses of the Deductible and Coinsurance as

stated in Your Schedule of Coverage and Service, Accident Medical. In no event shall the Company's maximum liability exceed the maximum stated in Your Schedule of Coverage and Service for Accident Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under the policy. These expenses must be borne by the Insured Person.

Covered Accident Medical Expenses: For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses:

- [1] Charges made by a Hospital for [semi-private] room and board, [to a maximum of [\$800] per day], floor nursing [while confined in a ward or semi-private room of a Hospital] and other [Hospital] services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.]
- [2] Charges made for Intensive Care or Coronary Care charges and nursing services [to a maximum of [\$800] per day]].
- [3] Charges made for diagnosis, Treatment and Surgery by a Physician.]
- [4] Charges made for an operating room.]
- [5] Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.]
- [6] Charges made for the cost and administration of anesthetics.]
- [7] Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.]

- [8] Charges for physiotherapy, [to a maximum of [\$500] [per day] for inpatient] [to a maximum of [\$500] [per day] for outpatient] if recommended by a Physician for the Treatment of a specific Disablement [or following hospitalization] and administered by a licensed physiotherapist.]
- [9] Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.]
- [10] Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only [to a limit of [\$2,500]], within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then [qualified] [licensed] ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.]

Accident Medical Benefit Period: Only those expenses specifically described above which are incurred within the Benefit Period stated in Your Schedule of Coverage and Service, Accident Medical, from the onset of an Injury and which are not excluded in Section III, Exclusions, are considered Covered Expenses. Initial Treatment of an Injury must occur within [30, 60, 90, 180, or 365] days of the Accident.

[Accident Medical Incidental Home Country Benefit Period

As an accommodation and supplemental benefit, the Insured Person will be covered under this insurance during incidental return trips to his/her Home Country ("Incidental Trips") up to a cumulative total of fourteen (14) days during the Period of Coverage, provided that:

- 1) The Insured Person has departed his/her Home Country prior to any Incidental Trip; and
- 2) The Insured Person has timely paid applicable Premium for at least thirty (30) days of continuous coverage; and
- 3) The intention or purpose of the Insured Person's return trip to the Home Country is not to receive Treatment for an Illness or Injury incurred or

sustained while traveling outside of his/her Home Country; and

- 4) The Insured Person's return trip to the Home Country does not result in receiving Treatment for an Injury incurred or sustained while traveling outside of his/her Home Country.

Only those expenses specifically described above which are incurred within the Insured Person's Home Country for an Illness which occurred [inside] [or outside] the Insured Person's Home Country as stated in Your Schedule of Coverage and Service, Sickness Medical, Home Country Benefit, per 12 months of coverage, or pro rata thereof. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Your Schedule of Coverage and Service, Sickness Medical, Home Country Benefit.]

[Extension of Benefits: Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness or Injury which occurred outside the Insured Person's Home Country and during the period of coverage shall be paid. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Your Schedule of Coverage and Service, Accident Medical, Extension of Benefits.]

[SICKNESS MEDICAL EXPENSES

The Company will pay Covered Expenses, as per the limits stated in Your Schedule of Coverage and Service, Sickness Medical. Coverage is limited to Covered Expenses incurred subject to Section III, Exclusions. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

[Treatment of an Illness must occur within [30, 60, 90, 180, or 365] days of the onset of the Illness.] [Illness must manifest itself during the Period of Coverage.]

When a covered Illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in Your Schedule of Coverage and Service, Sickness Medical. In no event shall the Company's maximum liability exceed the maximum stated in Your Schedule of Coverage and Service, Sickness Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under the policy. These expenses must be borne by the Insured Person.

Covered Sickness Medical Expenses: For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses:

- [1]. Charges made by a Hospital for [semi-private] room and board, [to a maximum of [\$800] per day], floor nursing [while confined in a ward or semi-private room of a Hospital] and other [Hospital] services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.]
- [2]. Charges made for Intensive Care or Coronary Care charges and nursing services [to a maximum of [\$800] per day.]
- [3]. Charges made for diagnosis, Treatment and Surgery by a Physician.]
- [4]. Charges made for an operating room.]
- [5]. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers,

- Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.]
- (6). Charges made for the cost and administration of anesthetics.]
 - (7). Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.]
 - (8). Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.]
 - (9). Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.]
 - (10). Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only, [to a limit of [\$2,500]] within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then [qualified] [licensed] ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.]

Sickness Medical Benefit Period: Only those expenses specifically described above which are incurred within the Benefit Period stated in Your Schedule of Coverage and Service, Sickness Medical, from the onset of the Illness and which are not excluded in Section III, Exclusions, are considered Covered Expenses. Initial Treatment of an Illness must occur within [30, 60, 90, 180, or 365] days of the onset of the Illness. [Illness must first manifest itself during the Period of Coverage.]

[Sickness Medical Incidental Home Country Benefit Period

As an accommodation and supplemental benefit, the Insured Person will be covered under this insurance during incidental return trips to his/her Home Country ("Incidental Trips") up to a cumulative total of fourteen (14) days during the Period of Coverage, provided that:

- 1) The Insured Person has departed his/her Home Country prior to any Incidental Trip; and
- 2) The Insured Person has timely paid applicable Premium for at least thirty (30) days of continuous coverage; and
- 3) The intention or purpose of the Insured Person's return trip to the Home Country is not to receive Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Home Country; and
- 4) The Insured Person's return trip to the Home Country does not result in receiving Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Home Country.

Only those expenses specifically described above which are incurred within the Insured Person's Home Country for an Illness which occurred [inside] [or outside] the Insured Person's Home Country as stated in Your Schedule of Coverage and Service, Sickness Medical, Home Country Benefit, per 12 months of coverage, or pro rata thereof. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Your Schedule of Coverage and Service, Sickness Medical, Home Country Benefit.]

[Extension of Benefits: Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness or Injury which occurred outside the Insured Person's Home Country and during the period of coverage shall be paid. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Your Schedule of Coverage and Service, Sickness Medical, Extension of Benefits.]

[IN-HOSPITAL INDEMNITY

The Company will pay the daily benefit shown in Your Schedule of Coverage and Service, In-Hospital Indemnity if the Insured Person is confined to a Hospital as a registered inpatient as the result of an Illness or Injury which first occurs during the Insured Person's Individual Coverage Term [and the Illness or Injury is not covered

under the Policy per the Exclusions listed in Section III, Exclusions].

[UNEXPECTED RECURRENCE

When an Injury or Illness of the Insured Person is not covered under the Policy due to any of the following:

[1) the condition caused the Insured Person to seek medical advice, diagnosis, care or Treatment [during the] [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under the policy; 2) medical advice, diagnosis, care or treatment was recommended or received for the condition during the [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under the policy; [Pre-Existing Conditions that were disclosed on the enrollment form and accepted by the Company shall be considered covered. Exclusionary Riders may be issued by the Company for certain Pre-Existing Conditions.]

[Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:

- a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of [3, 6, 9, 12, 18] consecutive months beginning on or after the first day of coverage, the Pre-Existing condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
- b) If the Injured Person is covered under the Policy for [6, 9, 12, 18] consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.]

the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in Your Schedule of Coverage and Service, Unexpected Recurrence. In no event shall the Company's maximum liability exceed the maximum stated in Your Schedule of Coverage and Service Unexpected Recurrence, as to Covered Expenses during any one period of individual coverage.]

[DENTAL

When covered Dental expenses are incurred by the Insured Person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance as stated in Your Schedule of Coverage and Service, Dental. In no event shall the Company's maximum liability exceed the maximum stated in Your Schedule of Coverage and Service, Dental, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses. With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.]

[EMERGENCY MEDICAL EVACUATION/REPATRIATION

The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while covered under the policy. Benefits payable are subject to the Maximum Amount per Insured shown in Your Schedule of Coverage and Service for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of the Insured's Injury or Emergency Sickness warrants his or her Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities.

The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting the Insured. and (c) reviewed and pre-approved by the Assistance Company;

The Company will also pay reasonable and customary charges, up to the maximum escort limit shown on the Policy, for escort expenses required by the Insured, if the Insured is disabled and an escort is recommended in writing, by the Company's attending Physician and must be pre-approved by the Assistance Company.

[ADDITIONAL BENEFITS:] [If the Insured Person is hospitalized for more than [7 days] following a Covered Emergency Evacuation Expense, the Company will pay subject to the limitations set out herein, for expenses [:]

[[1.]to return to [the United States] [or] [Canada] [where they reside],with an attendant if necessary, any of the Insured Person's Dependent Children who were accompanying the Insured when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less

the value of applied credit from any unused return travel tickets per person.]

[[2.]to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined if the Insured is traveling alone; but not to exceed the cost of one round-trip economy airfare ticket.][:]

[3. to return the Insured from the medical facility to which he or she was evacuated to the Insured's Return Destination via Common Carrier, within [one year] from the Insured's [[date of hospitalization.] Commercial airfare costs will be in the same class of service, as the Insured's original airline tickets, or in business or first class as in compliance to Insured's medical necessities and requirements upon the discharge, less refunds from the Insured's unused transportation tickets.

[In addition to the above covered expenses, if the Company has previously evacuated an Insured Person to a medical facility, the Company will pay his/her airfare costs from that facility to the Insured Person's primary residence, within one year from the Insured Person's original Scheduled Return Date, less refunds from the Insured Person's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.]

[Transportation of Spouse [or Domestic Partner]: If the Insured Person is in the Hospital [for more than [seven (7)] days] [or if the attending Physician certifies that due to the Insured Person's Injury or Sickness, the Insured Person will be required to stay in the Hospital for more than [seven (7)] consecutive days.] [or if the Insured Person dies and requires the return of mortal remains,] the Company will return the Insured Person's spouse [or Domestic Partner] to their primary residence.]

[Emergency Evacuation – means the Insured Person's medical condition warrants immediate transportation from

the place where the Insured is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;]

[Emergency Sickness - means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while coverage is in force while the Insured suffers the symptom.]

[Transportation - means any land, sea or air conveyance required to transport the Insured Person during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.]]

[RETURN OF MORTAL REMAINS]

The Company will pay the reasonable Covered Expenses incurred to return the Insured Person's body to [their primary residence] if he/she dies while covered under the policy. This will not exceed the maximum stated in Your Schedule of Coverage and Service, Return of Mortal Remains.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.]]

All Covered Expenses in connection with a return of mortal remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.]

[EMERGENCY MEDICAL REUNION]

When an Insured Person [up to age 24] [is traveling alone][and is hospitalized for more than [7] [days], the Company will arrange and pay for [round-trip economy-class transportation] for [one individual selected by the

Insured Person] [a parent, spouse, sibling (over age 21) or legal guardian] [a Family Member], from the [Insured Person's Home Country] to [the location where the Insured Person is hospitalized] [and return to the current Home Country]. [For participants over age 24, benefits are payable if hospitalization lasts more than one week. The benefits payable will include:

[If the Insured Person is eligible for a covered Emergency Medical Evacuation or Repatriation under the policy and the Assistance Company representative, appointed by the Company, and the attending Physician determines that Medical Emergency Evacuation or Repatriation is necessary and prudent for the Insured Person, the Company will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. The benefits payable will include]:

- [1. The cost of a round trip economy air fare up to the maximum stated in Your Schedule of Coverage and Service Emergency Medical Reunion];
- [2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in Your Schedule of Coverage and Service Emergency Medical Reunion];
- [3. Hotel and meals [to a maximum of \$75 per day] up to the maximum stated in Your Schedule of Coverage and Service Emergency Medical Reunion].

[The period of Emergency Medical Reunion is not to exceed [1 to 50] days, including travel.]

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by [the program][an Assistance Company representative appointed by the Company][the Assistance Company].

[BAGGAGE AND PERSONAL EFFECTS]

The Company will reimburse the Insured Person, up to the amount stated in Your Schedule of Coverage and

Service, Baggage and Personal Effects, for theft or damage to baggage and personal effects, [checked with a Common Carrier] provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times.

[This coverage is secondary to any coverage provided by a Common Carrier [and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.]]

[There will be a per article limit of [\$200] [\$250 for cameras]. [There will also be a combined maximum limit of [\$400] for the following: jewelry; watches and cameras including related equipment; personal computers; articles consisting in whole or in part of silver, gold, or platinum; furs and articles trimmed with or made mostly of fur.]]

The Company will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage;
2. The cost to repair or replace the article with material of a like kind and quality; or
3. [\$200] per article.

[A maximum of [\$50] will be paid for the cost of replacing a passport or visa.]

[A maximum of [\$50] will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that the Insured Person has complied with all conditions of the credit card company.]

[BAGGAGE DELAY (Outward Journey Only)]

[If an Insured Person's checked baggage is delayed or misdirected by a Common Carrier for more than [24 hours] from the Insured Person's time of arrival at a destination other than their Home Country, benefits will be paid, up to the amount stated in Your Schedule of Coverage and Service, Baggage Delay, for the actual expenditure for necessary personal effects. An Insured Person must be a ticketed passenger on a Common

Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.]

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or travel supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.]

[TRIP DELAY

The Company will reimburse the Insured Person for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule of Coverage and Service, if the Insured Person is delayed en route to or from the trip for [twenty-four (24)] or more hours due to the following reasons:

- [a) Any delay of a Common Carrier (including inclement weather).]
- [b) Any delay by a traffic accident en route to a departure, in which the Insured Person is directly or not directly involved.]
- [c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, [civil commotion or riot.]

Covered Expenses Include: [Meals and lodging [limited to [\$200] per day]] [Any reasonable additional travel expenses incurred;]

[TRIP CANCELLATION

Trip Cancellation coverage provides benefits up to the maximum stated in Your Schedule of Coverage and Service, Trip Cancellation, Trip Cancellation Limit, for Loss(es) the Insured Person incurs for [trips] [programs] if cancelled prior to departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation of the Insured Person's trip if caused by:

- [(a) Sickness, Accidental Injury or death of the Insured Person, [Traveling Companion], [or] [Family Member]

[or Business Partner;] which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip. [A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date]. [(1) The Insured Person's or the Traveling Companion's Sickness or Injury. The severity or acuteness of the condition must be so disabling as to reasonably cause the Trip to be cancelled and a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Insured Person or the Traveling Companion cancels the trip. The Insured Person or the Traveling Companion must be under the direct care and attendance of a Physician.] [(2) The Insured Person or the Traveling Companion's death.] [(3) The Insured Person or the Traveling Companion's spouse or child's Sickness or Injury. The severity or acuteness of his or her condition or the circumstances surrounding that condition is/are such that an ordinarily prudent person must cancel the Trip.] [(4) Death of the Insured Person or the Traveling Companion's legal spouse; child; son-in-law; daughter-in-law; sibling; parent; parent-in-law; or grandparents.] For all of the above situations, the incident that causes cancellation must occur within [30] days of the scheduled travel dates.]]

- [(b) The Insured Person [and/or] [Traveling Companion] being hijacked, quarantined [in the location where the Insured Person is intending to travel][at the Insured Person's or Traveling Companion's home], [required to serve on a jury], [subpoenaed],[required to appear as a witness in a legal action, provided the Insured Person [a Traveling Companion] is not a [party to the legal action][or][appearing as a law enforcement officer] [the victim of felonious assault within [10] days of departure]; [or having his/her principal place of residence made uninhabitable by fire, flood or other natural disaster;]; [or burglary of his/her principal place of residence within [10] days of departure.]
- [(c) The Insured Person or Traveling Companion being [directly involved in] [indirectly involved in] [or]

[delayed due to] a traffic accident substantiated by a police report, while en route to departure].

- [(d) A transfer of the Insured Person by the employer with whom the Insured Person is employed on their Effective Date which requires his/her principal residence to be relocated;]
- [(e) The death or hospitalization of the Insured Person's Host at Destination;]
- [(f) If within [45] days] of the departure of an Insured Person, a politically motivated Terrorist Attack occurs within [a [50] mile] radius of] the territorial limits of the City listed on the Insured Person's itinerary. The Terrorist Attack must occur after the Effective Date of the Insured Person's Trip Cancellation coverage.][This coverage only applies if the protection plan was purchased within [15] calendar days of initial Trip payment.]
- [(f) If within [45] days] of the departure of an Insured Person, a politically motivated Terrorist Attack occurs within a [50] mile] radius of the territorial city limits of the [foreign] city to be visited by the program for which the Insured Person has registered [and if the United States government issues a travel advisory indicating that Americans should not travel to a city named on the itinerary;]
- [(g) The Insured Person's Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war] [Military duty (if within [30] days of departure, the Insured Person has his/her leave revoked or the Insured Person is reassigned.)) [(g) the Insured Person or Traveling Companion being called into active military service by having his/her leave revoked. Coverage does not apply if leave is revoked within [7] days of departure] [The Insured Person or a Traveling Companion, who are on active military duty in the United States Armed Forces: has their personal leave revoked within 10 days prior to the departure date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or are personally

- reassigned within 10 days prior to the departure date, whether temporary or permanent.]]
- [[h) Strike, resulting in the complete cessation of travel services [at the point of departure and/or destination.] A Strike is foreseeable on the date labor union members vote to approve a Strike.]
 - [h) Strike that causes complete cessation of services for at least [48] consecutive hours.]
 - i) Weather [at the departure site] which causes complete cessation of services [of the Common Carrier] [for at least [48] consecutive hours] [and prevents the Insured Person from reaching their destination].]
 - [(j) Bankruptcy and/or Default of the Insured Person's Travel Supplier which occurs more than [14] days] following the Insured Person's Effective Date. [Coverage is not provided for the Bankruptcy or Default of the travel agent or Travel Supplier that solicited this protection plan and from whom the Insured Person purchased their Land/Sea Arrangements] [The Insured Person's Scheduled Departure Date must be no more than [15] months beyond the Insured Person's Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured Person to transfer to another airline in order to get to the Insured Person's intended destination.] [This coverage only applies if the protection plan was purchased within [15] calendar days of initial Trip payment.]
 - [k) An Insured Person is terminated, or laid off from employment subject to [five] years of continuous employment at the place of employment where terminated.]
 - [l) Natural Disaster or documented man-made disaster at the site of the Insured Person's destination which renders their destination accommodations uninhabitable [limited to the cost of the airfare of the Insured Person's Covered Trip.]]
 - [m. A cancellation of the Insured Person's Covered Trip if the Insured Person's arrival on the Trip is delayed and causes the Insured Person to lose [50%] or

- more of the scheduled Covered Trip duration due to the reasons covered under the Trip Delay Benefit:]]
- [n. [Adverse weather] [or] [natural disasters] [or] [Terrorist Attacks] resulting in the complete cessation of travel services.]
- [o. Adverse weather or natural disaster resulting in the obstruction of public roadways, or curtailment of public transportation, which prevents the Insured Person's ability to arrive at their Land/Sea Arrangements.]
- [p. Mandatory evacuation ordered by local authorities at the Insured Person's final destination due to hurricane or other natural disaster. The Insured Person must have [four (4)] days or [50%] of their total Covered Trip length or less remaining on the Covered Trip, at the time the mandatory evacuation ends, in order to cancel the Covered Trip.] [The Company will not pay any benefits for property that is accessible or habitable for [more than [48] hours] [50% of the Insured Person's trip length]] [any time during the evacuation period.] [The Company will not pay any benefits if the Insured Person has more than [48] hours] remaining of their Trip at the time the evacuation is lifted. [This benefit only applies if purchased within [7] days] [24 hours] of the initial trip payment.] [This benefit is subject to a [\$100] deductible.] [The maximum limit of coverage payable will be the lesser of [\$1,000] per person or 50% of the Insured Person's trip cost.]
- [(q) Hurricane warning causing cancellation of travel. Claims are not payable if a hurricane is foreseeable prior to an Insured Person's effective date. A hurricane is foreseeable on the date it becomes a named storm. The Company will not pay any benefits [14] calendar days after the incident occurs. [In order to cancel or interrupt the Insured Person's trip, he/she must have [4] days or [50%] of his/her total Trip length remaining or less.] [This benefits only applies if purchased within [7] [days] [24 hours] of the initial trip payment]. [This benefit is subject to a [\$100] deductible.] [The Maximum Limit of coverage payable will be the lesser of [\$1000] per person or 50% of the Insured Person's trip cost.]

- [(r) Named hurricane causing cancellation of travel to the Insured Person's destination that is uninhabitable for the greater of: (1) 4 days or (2) 50% of the Insured Person's trip length. The Company will only pay benefits for losses occurring within 14 calendar days after the named hurricane makes the Insured Person's destination accommodations uninhabitable. An Insured Person's destination is uninhabitable if: (i) the building structure itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (iii) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (iv) the rental property is without electricity or water. Benefits are not payable if a hurricane is named on or before the effective date of the Insured Person's Trip Cancellation coverage or less than 14 days after the effective date of the Insured Person's Trip Cancellation coverage. [This coverage applies only if insurance was purchased within [15] calendar days of initial Trip payment.]
- [(s) a documented theft of passports or visas].

The Company will reimburse the Insured Person for the following:

- [a) non-refundable cancellation charges imposed by the Participating Organization [and/or][Travel Suppliers]]
- [b) airfare cancellation charges for flights [arranged by the Participating Organization in connection with the Insured Person's Trip] commencing within [one day] of the Land/Sea Arrangements.]
- [c) additional cost incurred if the skipper cancels his/her Trip for a covered reason and the Insured Person elects to replace him/her with a skipper.]
- [d) tuition expenses not refunded by the Participating Organization.]
- [e) If the Insured Person's Travel Supplier cancels the Insured Person's Covered Trip, the Insured Person is covered up to [\$75.00] for the reissue fee charged by the airline for the tickets. The Insured Person

must have covered the entire cost of the Covered Trip including the airfare.]

- [f. The amount of [forfeited,] [and] [prepaid,] [and] [non-refundable,] and [non-refunded,] [and] [unused] [published] payments or deposits that you paid for the Covered Trip [including the cost of this travel protection plan] [or change fees incurred in place of full penalties] [not including travel agency penalties.]
- [g Travel agency fees [limited to \$100]]

[In no event shall the amount reimbursed exceed the lesser of [the amount the Insured Person prepaid for the Covered Trip] [or] [the maximum benefit shown on the Schedule of Coverage and Service]].

[Coverage does not include default of a Participating Organization or other organization that results in loss of services.]

SPECIAL CONDITIONS: The Insured Person must advise the Participating Organization and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had the Insured Person notified the Participating Organization as soon as reasonable possible.

[SINGLE OCCUPANCY COVERAGE

The Company will reimburse the Insured Person, up to the maximum shown in Your Schedule of Coverage and Service, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with the Insured Person has his/her Trip delayed, canceled, or interrupted for a covered reason and the Insured Person does not cancel.]]

[EXCESS INSURANCE LIMITATION: The insurance provided by the policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company

shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable deductible.]]

[TRIP INTERRUPTION

Trip Interruption coverage provides benefits up to the maximum stated in Your Schedule of Coverage and Service, Trip Interruption, Trip Interruption Limit, for Loss(es) the Insured Person incurs for [trips] [programs] if interrupted after departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the interruption of the Insured Person's trip if caused by:

- [1. Death of a [Family Member] [parent], [spouse], [sibling], [child] [only];]
- [2. Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.)]

Coverage is provided for the cost of a one-way air or ground transportation ticket of the same class as the unused travel ticket to return an Insured Person from the International airport nearest to where the Insured Person was located at the time of learning of such death or destruction to the International airport nearest to: (i) the location of the funeral or place of burial in the case of the Unexpected death of a Relative, or (ii) the Insured Person's principal residence in the case of substantial destruction thereof; subject to the following conditions and limitations:

1. The Insured Person must be outside of his/her Home Country at the time of the Unexpected death of the Relative or the substantial destruction of the principal residence; and
2. The Unexpected death of the Relative or the substantial destruction of the residence must have occurred during the Period of Coverage; and
3. The Company will deduct from the Trip Interruption benefits payable hereunder the value, if any, of the unused return ticket held by the Insured Person at the time of the death or destruction, which value the Insured Person must

attempt to receive credit for or apply towards the costs of the return trip.

The Company will not provide any benefits, reimbursements or coverages for any of the costs or expenses incurred by the Insured Person for a re-return trip, if any, to the original location of the Insured Person at the time of learning of such death or destruction.

[SECTION III - EXCLUSIONS

[For benefits listed in Your Schedule of Coverage and Service, [Accidental Death and Dismemberment] [Accidental Death and Dismemberment – Common Carrier], this Insurance does not cover:

- [1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;]
- [2. Disease of any kind;]
- [3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;]
- [4. Hernia of any kind;]
- [5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;]
- [6. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;]
- [7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.

- d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Company shall not be liable under the policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.]

- [8. Service in the military, naval or air service of any country;]
- [9. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;]
- [10. Flying in any rocket-propelled aircraft;]
- [11. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;]
- [12. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;]
- [13. Sickness of any kind;]
- [14. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;]
- [15. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;]
- [16. While riding or driving in any kind of competition;]
- [17. Pregnancy, childbirth, miscarriage or abortion;]

[For benefits listed in Your Schedule of Coverage and Service, [Accident Medical, Sickness Medical, In-Hospital Indemnity, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, Trip Cancellation, Trip Interruption, Trip Delay, Return Ticket], this Insurance does not cover:

- [1. Pre-Existing conditions, defined in the policy. [This exclusion does not apply to Emergency Evacuation/Repatriation;]
- [2. Injury or Illness claim which is not presented to the Company for payment within [3, 6, 12 months] [of receiving treatment;] [immediately following the Incident or Benefit Period;]
- [3. Charges for treatment which is not Medically Necessary;]
- [4. Charges provided at no cost to the Insured Person;]
- [5. Charges for treatment which exceed Reasonable and Customary charges;]
- [6. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;]
- [7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;]
- [8. Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while insane;]
- [9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.

- d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Company shall not be liable under the policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.]

- [10. Injury sustained while participating in professional athletics;]
- [11. Injury sustained while participating in Amateur or Interscholastic Athletics;]
- [12. Routine physicals, [immunizations] or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician [unless otherwise covered under the policy] [;]
- [13. Treatment of the Temporomandibular joint;]
- [14. Vocational, speech, recreational or music therapy;]
- [15. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;]
- [16. Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance;]
- [17. Cosmetic or plastic Surgery, except as the result of a covered Accident; [for the purposes of the policy, treatment of a deviated nasal septum shall be considered a cosmetic condition;]
- [18. Elective Surgery which can be postponed until the Insured Person returns to his/her Home County,

where the objective of the trip is to seek medical advice, treatment or Surgery;]

- [19. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;]
- [20. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder;]
- [21. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;]
- [22. Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician for a condition which is covered hereunder [but not for the Treatment of drug addiction] [;]
- [23. Treatment for any Mental and Nervous Disorders;
- [24. Congenital abnormalities and conditions arising out of or resulting therefrom [, unless otherwise covered under the policy];]
- [25. Expenses which are non-medical in nature;]
- [26. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness;]
- [27. Expenses as a result or in connection with the commission of a felony offense;]
- [28. Injury sustained while taking part in [mountaineering where ropes or guides are normally used]; [hang gliding,] [parachuting,] [bungee jumping,] [racing by horse, motor vehicle or motorcycle,] [snowmobiling,] [motorcycle/motor scooter riding,] [scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified,] [scuba diving, involving underwater breathing apparatus,] [snorkeling,] [water skiing,] [snow skiing,] [spelunking,] [parasailing] [and] [snow boarding] [;] [Hazardous Sport Coverage: the following are covered if the required premium has been paid: [mountaineering where ropes or guides are normally used (4500 meter limit)]; [hang gliding,] [parachuting,] [bungee jumping,] [racing by horse, motor vehicle or motorcycle,] [snowmobiling,] [motorcycle/motor scooter riding,] [scuba diving,

involving underwater breathing apparatus, unless PADI or NAUI certified,] [scuba diving, involving underwater breathing apparatus,] [snorkeling,] [water skiing,] [snow skiing,] [spelunking,] [and] [snow boarding]

- [29. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without cost to any individual;]
- [30. Treatment of venereal disease;]
- [31. Dental care, except as the result of Injury to natural teeth caused by Accident]
- [32. Routine Dental Treatment]
- [33. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage [including those incurred by Type III Insured Person;]
- [34. For miscarriage resulting from Accident;]
- [35. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof [, or abortion limited to [\$500];]
- [36. Treatment for human organ tissue transplants [or bone marrow transplants] and their related Treatment;]
- [37. Expenses incurred while the Insured Person is in their Home Country [, unless otherwise covered under the policy;][or] [after approved Emergency Evacuation/Repatriation] [or] [if Treatment if a follow-up to a covered Disablement during coverage]].]
- [38. Expenses incurred during a Hospital Emergency visit which is not of an Emergency nature;]
- [39. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;]
- [40. Covered Expenses incurred during a Trip after the Insured Person's Physician has limited or restricted travel;]
- [41. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy];

[42. Weight reduction programs or the surgical Treatment of obesity];

[For benefits listed in Your Schedule of Coverage and Service, Baggage Loss, this Insurance does not cover:

- [1. Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier,) boats or other conveyances or their accessories;]
- [2. Animals;]
- [3. Artificial teeth or limbs, hearing aids;]
- [4. Sunglasses, contact lenses or eyeglasses;]
- [5. Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets;]
- [6. household furnishings.]

SECTION IV - CLAIMS PROCEDURES AND DESCRIPTION OF COVERAGE PROVISIONS

Claims Procedure

To facilitate prompt claims settlement:

TRIP CANCELLATION/ TRIP INTERRUPTION: Contact the travel supplier and [the administrator] as soon as possible after the event causing the need to cancel. Obtain medical statements from the doctors in attendance in the country where Sickness or Accident occurred. These statements should give complete diagnosis, stating that the Sickness or Accident prevented traveling on dates contracted. Provide all unused transportation tickets, official receipts, etc.

TRIP DELAY/MISSED CONNECTION: Obtain any specific dated documentation, which provides proof of the reason for delay (airline or cruise line forms, medical statements, etc). Submit this documentation along with the Trip itinerary and all receipts from additional expenses incurred.

MEDICAL EXPENSES: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment.

BAGGAGE: Obtain a statement from the Common Carrier that the Insured Person's baggage was delayed or a

police report showing baggage was stolen along with copies of receipts for the Insured Person's purchases.

FOR PLAN INQUIRIES OR INFORMATION ON FILING A CLAIM PLEASE CONTACT:

[Administrator Name]

Conformity With State Statutes: Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

Individual Period of Coverage: An Insured Person's Coverage is in effect for a stated term as shown on the Schedule of Coverage and Service. The insurance is not renewable.

When An Insured Person's Coverage Begins: All coverage [(except Trip Cancellation)] will take effect at 12:01 A.M. local time, at the location of the Insured Person, on the latest of the following: [1. The Date the Company receives a completed enrollment form and premium for the Individual Period of Coverage.] or [2. The Effective Date requested on the enrollment form.] or [3. The moment the Insured Person [departs] [arrives] [exits their Home Country airspace] or [4. The Date the Company approves the enrollment form.] or [5. The Effective Date of the Policy] [6. The Date requested by the Participating Organization];] provided [1. coverage has been elected] and (2; the required premium has been paid.)

[Trip Cancellation coverage will take effect at 12:01 A.M. local time at the location of the Insured, on the day after the required premium for such coverage is received by the Company or its authorized representative.]

When an Insured Person's Coverage Ends: Individual coverage will terminate upon the earlier of the following: [1. The moment the Insured Person returns to their Home Country, unless otherwise covered under the Insured Person's Policy;] or [2. The expiration of [twelve months] from the Effective Date of Coverage;] or [3. The date shown on the Certificate issued by the Company;] or [4. The end of the period for which premium has been paid;]

or [5. The Date the Insured Person fails to be considered an Eligible Person.] or [6. The Date the Insured Person becomes a permanent resident of the United States [residing in the United States [4,6,8] months or longer during any 12 month Period of Coverage.] or [7. the date the Insured Person's participation in the program is terminated]. or [8. the Maximum Benefit amount has been paid] or [9. The expiration date of the term of coverage, requested by the Participating Organization.]] The insurance does not renew.

Assignment: The Insurance provided hereunder is not assignable, but benefits may be assigned in accordance the Payment of Claims provision.

Renewal of Individual Insurance: The initial Period of Coverage cannot exceed twelve (12) months.

Not in Lieu of Worker's Compensation: The Policy is not in lieu of and does not affect any requirements for coverage by Worker's Compensation Insurance.

Aggregate Limit of Indemnity: The Aggregate Limit of Indemnity stated in Your Schedule of Coverage and Service Accidental Death and Dismemberment, shall be the total limit of the Company's liability for all independents payable under Accidental Death and Dismemberment Indemnity with respect to all classes of Insured Persons arising out of Injury sustained by two or more Insured Persons as the result of any one Accident.

[Excess] Benefits: All coverages, [except Accidental Death and Dismemberment], [shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted][shall be payable as primary coverage][shall be paid according to the Coordination of Benefits provision of the policy].

[Other valid and collectable Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other prepayment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trustee plans, union welfare plans, employer

organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;

- (d) Any coverage required or provided by any statute, socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.]

Monetary Limits: The monetary limits stated in the policy and the premium shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

[Subrogation: To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonable require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.]

Notice to Florida residents: the benefits of the policy providing Your coverage are governed by the law of a state other than Florida. Your Homeowners policy, if any, may provide coverage for loss of personal effects provided by the Baggage and Personal Effects coverage. This insurance is not required in connection with the purchase of Your travel arrangements.]

[SECTION V – PRE-CERTIFICATION PROGRAM

[An Insured Person must follow the Pre-Certification Program in order to receive full benefits under the Policy. If the Insured Person does not properly follow the Pre-Certification Program, their benefits under the Policy will be reduced, as described below. The Insured Person is responsible for obtaining any required Pre-Certification for all Hospital admissions or transplants worldwide, [or for any Outpatient Surgery or Covered Expenses] [which will exceed [\$500, \$1,000, \$2,500, \$5,000]] [in the United States] [worldwide]]. The Insured Person or someone on his behalf, must notify the Company prior to Treatment, by telephoning the Company's Assistance Company. The

telephone number of the Assistance Company is shown on the Insured Person's Identification Card.

The Pre-Certification Program requires that the Insured Person obtain Pre-Certification (unless otherwise noted herein) for the following:

1. For Scheduled Hospital Admissions [in a United States Hospital] [Worldwide]: The Pre-Certification Program requires that the Insured Person, or someone on their behalf, contact the Assistance Company as soon as possible, but not less than 48 hours, prior to the date of admission for any Scheduled Hospital Confinement [in the United States] [or] [Worldwide], to obtain the following:
 - (a) Pre-Certification for Hospital admission, including the number of days of stay. If additional days of Hospital confinement are necessary beyond the initial number of Pre-Certified days, the attending Physician or an official representative of the facility where the Insured Person is confined, must contact the Company (no later than the last day originally Pre-Certified) to obtain Pre-Certification for any additional days of Hospital confinement. The Company will review with the attending Physician the request for the additional days of Hospital confinement.
 - (b) A list with the name(s) and address(es) of the United States Hospitals that are members of the Participating Provider Network, to which the Insured Person will have access as an Insured Person under the Policy. The Insured Person must use a Hospital which is a member of the Participating Provider Network in order to receive full benefits under the Policy, as described below.
2. For Emergency Hospital confinements [in the United States] [Worldwide]: The Pre-Certification Program requires that the Insured Person, or someone on

their behalf, contact the Company as soon as possible, but no later than 48 hours after the date of admission to a Hospital in case of Emergency [in the United States] [or] [Worldwide].

3. For Outpatient Treatments or Covered Expenses [which will exceed [\$500, \$1,000, \$2,500, \$5,000]] [in the United States] [or] [Worldwide]: The Pre-Certification Program requires that the Insured Person, or someone on his behalf, contact the Company as soon as possible, but no less than [48] [hours] prior to the date that Outpatient Treatment [in the United States] [or] [Worldwide] is to begin.]
4. For Transplants Worldwide: The Insured Person, or someone on their behalf, must contact the Company immediately, but not later than [48] [hours] after the Insured Person is identified by the attending Physician, as a candidate for a bone marrow, cornea, heart, heart and lung, single lung, pancreas and kidney, or liver transplant, and at least [10] [days] prior to any scheduled admission to a Hospital. [The Insured Person must use a Hospital which is a member of the Participating Provider Network in order to receive full benefits under the Policy, as described below.]

PRE-CERTIFICATION. PROGRAM EFFECT ON BENEFITS: Subject to all provisions of the Policy, when the requirements of the Pre-Certification Program are properly followed and the Hospital admission or transplant [in the United States] [or] [Worldwide] Treatment is Pre-Certified, benefits for Covered Expenses will be payable as described in Your Schedule of Coverage and Service and in any amendments or endorsements to the Policy.

If an Insured Person does not properly follow the Pre-Certification Program and if the required Pre-Certification is not obtained, the benefit percentage payable for Covered Expenses incurred for all Treatment, services, and supplies related to the Disablement will be reduced to and payable at [25%, 50%, 75%, 100%] (whether or not the Coinsurance has been met), after any Deductible amount which may apply. The reduction in the benefit

percentage payable will not apply where there is no Participating Provider Network Hospital in the city or immediate vicinity where the Insured Person is to be Hospitalized, provided the Insured Person complied with the Pre-Certification requirements.

The additional amounts an Insured Person is required to pay as a result of the lower percentage payable due to not following this Pre-Certification Program will not be used to satisfy any Deductible amount or the Coinsurance in the Policy.

PRE-CERTIFICATION DOES NOT GUARANTEE BENEFITS: Benefits payable under the Policy are still subject to eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy. Pre-Certification does not guarantee or confirm benefits under the Policy.]

[Schedule attached here]

<i>SERFF Tracking Number:</i>	<i>CLTR-125320833</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026402</i>
<i>Company Tracking Number:</i>	<i>TIM2007 AR</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0009 Travel Coverage</i>
<i>Product Name:</i>	<i>ARCH INBOUND-OUTBOUND TRAVEL</i>		
<i>Project Name/Number:</i>	<i>ARCH INBOUND-OUTBOUND TRAVEL/TIM2007 AR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-125320833 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: AR-PC-07-026402
Company Tracking Number: TIM2007 AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
Product Name: ARCH INBOUND-OUTBOUND TRAVEL
Project Name/Number: ARCH INBOUND-OUTBOUND TRAVEL/TIM2007 AR

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/15/2007

Comments:

Attachment:

NAIC TRANSMITTAL AR REFILE.pdf

Satisfied -Name: AUTHORITY TO FILE **Review Status:** Approved 10/15/2007

Comments:

Attachment:

authorization to file.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div>Check #: Amount:</div> <div> </div> <div>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</div>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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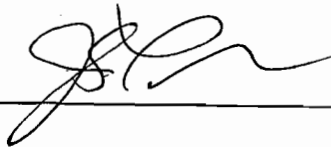
9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

ARCH INSURANCE COMPANY

Date: May 1, 2007
To: State Insurance Departments
From: Arch Insurance Company
Subject: Filing Authority for Coulter & Associates, Inc.

I, Joseph Labell, an officer of Arch Insurance Company certify that Arch has authorized Coulter and Associates, Inc., acting as our Contracts Consultant and Consulting Actuary, to file products with your Department on our behalf.

Signature: _____

A handwritten signature in black ink, appearing to be "J. Labell", is written over a horizontal line.